



(Copy for OCRG)

Form No. 102
Revised January 1993

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 6a, 5b and 19a)

Province CEBU Registry No. 98-999
City/Municipality MINGLANILLA

1. NAME (First) ORLEAN MAE (Middle) LAHOYLAHOY (Last) GECAIN
2. SEX 1 Male X 2 Female
3. DATE OF BIRTH (day) (month) (year)
24TH MAY 1998
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
MINGLANILLA DISTRICT HOSPITAL MINGLANILLA CEBU
5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify _____
c. BIRTH ORDER (live births and fetal deaths including this delivery) SECOND (first, second, third, etc.)
d. WEIGHT AT BIRTH 2495 grams

6. MAIDEN NAME (First) MA. CECILIA (Middle) ANDOY (Last) LAHOYLAHOY
7. CITIZENSHIP FILIPINO **8. RELIGION** ROMAN CATHOLIC
9a. Total number of children born alive: 2 **b. No. of children still living including this birth:** 2 **c. No. of children born alive but are now dead:** 0
10. OCCUPATION OPERATOR **11. Age at the time of this birth:** 24 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
LOWER KAUSWAGAN, BASAK PARDO CEBU

13. NAME (First) JONATHAN (Middle) LIGTAS (Last) GECAIN
14. CITIZENSHIP FILIPINO **15. RELIGION** ROMAN CATHOLIC
16. OCCUPATION MERCHANTISER **17. Age at the time of this birth:** 25 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
APRIL 25, 1998 - OFFICE OF THE MUNICIPAL TRIAL JUDGE, MTC, TALISAY
19a. ATTENDANT X 1 Physician 2 Nurse X 3 Midwife 4 Hilot (Traditional Midwife) 5 Others (Specify) _____

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 12:45 p.m. o'clock am/pm on the date stated above.
MINGLANILLA DISTRICT HOSPITAL
Signature MELVIN G. KHELLEY, M.D. Address MINGLANILLA, CEBU
Title or Position RESIDENT PHYSICIAN Date MAY 25, 1998

20. INFORMANT
Signature MA. CECILIA L. GECAIN Address BASAK, PARDO, CEBU
Name in Print MA. CECILIA L. GECAIN Date MAY 25, 1998
Relationship to the child MOTHER

21. PREPARED BY
Signature ROSARIO C. TANGARORANG, R.M. Name in Print REGISTERED MIDWIFE Title or Position REGISTERED MIDWIFE Date MAY 25, 1998
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature ZENAIDA C. JAKOSALEM Name in Print MUNICIPAL CIVIL REGISTRAR Title or Position MUNICIPAL CIVIL REGISTRAR Date 5-4-98

For OCRG USE ONLY:
Population Reference No. 2332-A98KQ01-4

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 800717
46 1
49 2 50 1
56 1 3 2 1
61 1
62 0 64 1 9 0 2
66 1 69 1
70 0 72 2 74 2
76 9 79 1
81 1 2 1 1
86 1 87 1
88 4 91 2 1
93 1
94 1



CSM

CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

08446-4H-400ARM-00245-BI001

BReN
02232-A98KQ01-8

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